

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</h1> <p style="text-align: center;">(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b).)</p>	Attorney Docket No. SD-8466	
	First Inventor or Application Identifier WHINNERY	
	Title HIGH STRENGTH FOAM TOOL AND METHOD	
	Express Mail Label No. EL177882154US	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and duplicate for fee processing)
2. ☒ Specification [Total Pages **26**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **7**]
4. ☒ Oath or Declaration [Total Pages **2**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attested deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
9. ☐ English Translation Document (if applicable) ☒ Power of Attorney
10. ☒ Information Disclosure Statement (IDS)/PTO-1449
11. ☐ Preliminary Amendment ☒ Copies of IDS Citations
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09/12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORESPONDENCE ADDRESS

- ☒ Customer Number or Bar Code Label **0215868** or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name		Timothy Evans			
		MS 9031			
Address		Sandia National Laboratories			
		7011 East Avenue			
City	Livermore	State	CA	Zip Code	94550
Country	USA	Telephone	(925) 294-3690	Fax	(925) 294-3389
Name (Print/Type)	Timothy P. Evans		Registration No. (Attorney/Agent)		
Signature			41,013		Date 8/28/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

03916 U.S. PTO
10/652647

08/28/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement.
Otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)**1680.00**

Complete if Known

Application Number	NOT ASSIGNED
Filing Date	08/28/03
First Named Inventor	WHINNERY
Examiner Name	NOT ASSIGNED
Group / Art Unit	NOT ASSIGNED
Attorney Docket No.	SD-8466

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge

1. ☒ Indicated fees and credit any over payments to:

Deposit Account Number **50-0583**

Deposit Account Name **SNL by KCO**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	750.
1002	330	2002	165	Design filing fee	
1003	520	2003	225	Plant filing fee	
1004	750	2004	380	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) **\$ 750.00**

2. EXTRA CLAIM FEES

	Extra Claims	Req. Fee	Fee Paid
Total Claims	67	-20**= 47	X 18. = 846.
Independent Claims	4	- 3**= 1	X 84. = 84.
Multiple Dependent		0	= 0.

**or number previously paid, if greater; For Reissues, see below.

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1201	84	2202	42	Independent claims in excess of 3
1202	18	2201	9	Claims in excess of 20
1203	280	204	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$) 930.00**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	200	Extension for reply within second month	
1253	930	2253	460	Extension for reply within third month	
1254	1,450	2254	720	Extension for reply within fourth month	
1255	1,970	2255	980	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	138	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	640	Petition to revive - unintentional	
1501	1,300	2501	640	Utility issue fee (or reissue)	
1502	470	2502	230	Design issue fee	
1503	630	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	750	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	370	For each additional invention to be examined (37 CFR 1.129(b))	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Other fee (specify) _____					
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**

SUBMITTED BY

Name (Print/Type) **Timothy P. Evans**

Signature 

Complete (if applicable)

Reg. Number (Attorney/Agent) **41,013**

Telephone **(925) 294-3690**

Date **8/28/03**

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.